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Vision Care Plan

Introduction

Benefits by Design offers a vision care plan to help you pay for eyeglass frames and lenses, contact lenses, and eye exams. The Vision Plan is insured and administered by Vision Service Plan (VSP). VSP makes all decisions regarding covered services and benefits payable under this plan.

Participation in the vision plan is a 2-year election. Although you may receive your vision care from the ophthalmologist, optometrist, or optician of your choice and still receive plan benefits, you will receive a **higher level of benefits** from the plan if you obtain these services from the selected providers who are part of the VSP network. You may obtain a list of the VSP providers from the Benefits Office or by calling Vision Service Plan at 1-800-877-7195. Additionally, you may access this information through the direct link from the Benefits Homepage to the VSP website.

Vision Plan Costs

Contributions for vision care insurance are withheld from your paycheck on a pre-tax basis. Your cost depends on the coverage you choose (employee only, employee and family, employee and children, or employee and spouse). The company does not provide credits for vision coverage; you pay the entire cost.

Vision Plan Benefits

Summary. The following table summarizes your vision benefits:

Plan Features	Services from a VSP Participating Provider	Services from a Non-Participating Provider
Annual Deductible (per person)	\$35	\$35
Examination —every calendar year	Paid-in-Full*	up to \$ 40.00
Single Vision Lenses —every calendar year	Paid-in-Full*	up to \$ 40.00
Bifocal Lenses —every calendar year	Paid-in-Full*	up to \$ 60.00
Trifocal Lenses —every calendar year	Paid-in-Full*	up to \$ 80.00
Lenticular Lenses —every calendar year	Paid-in-Full*	up to \$125.00
Frames —every two calendar years**	A wide selection of attractive frames are covered in full. <i>Retail prices are not applicable as frame coverage is based on wholesale pricing</i> *	up to \$ 45.00
Contact Lenses (<i>Instead of spectacle lenses and frame</i>)		
Medically Necessary	Paid-in-Full*	up to \$210.00
Elective	up to \$105.00	up to \$105.00

*Subject to plan definitions and/or limits.

**Frames allowed every 2 years, provided contact lenses not purchased in intervening year.

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Elective Contact Lenses. A standard eye examination is covered in full, less a \$35 deductible. An additional allowance of \$105 is provided for contact lens evaluation examination, fitting costs, and materials. Any costs exceeding this allowance are your responsibility.

Medically Necessary Contact Lenses. Contact lenses that are considered medically necessary by VSP will be covered in full when prescribed by a VSP member doctor in the following situations:

- Following cataract surgery
- To correct extreme visual acuity problems that cannot be corrected with spectacle lenses
- For certain conditions of anisometropia
- For certain conditions of keratoconus.

Optional “Extras”. The Vision Plan is designed to cover your visual needs only. You will be charged additional amounts if you choose “cosmetic” eyewear features such as:

- Blended lenses
- Contact lenses (except as noted elsewhere herein)
- Oversized lenses
- Progressive multifocal lenses
- Coated or laminated lenses
- Frames that cost more than plan allowances
- Certain low vision care options
- Cosmetic lenses
- Optional cosmetic processes
- UV protected lenses.

Frames Availability. Frames are generally available once every two calendar years. However, if you purchase contact lenses in a year instead of spectacle frames and/or lenses, you will not be eligible for a frame until the second calendar year (from the year when you purchased the contact lenses).

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Example

Suppose you purchase eyewear every year. The following charts show the benefits payable from the plan each year. The shaded portion indicates the choice made. (You will have the same choices with or without a VSP provider).

1999 You may receive...		
An eye exam and spectacle lenses and a frame	or	An eye exam and elective contact lenses

2000 You may receive...		
An eye exam and spectacle lenses *	or	An eye exam and elective contact lenses **

* After purchasing a frame in 1999, you are not eligible for a frame again until 2001.

** After purchasing contact lenses in 2000, you are not eligible for a frame until 2002. And, if you select contact lenses again in 2001, a frame isn't an option again until 2003.

2001 You may receive...		
An eye exam and spectacle lenses	or	An eye exam and elective contact lenses

Low Vision Benefit. A low vision benefit is available to covered persons who have several visual problems that are not correctable with regular lenses. This benefit is subject to prior approval by a VSP consultant. Call 1-800-877-7195 for more information.

Special Features

- **Additional Glasses**—The VSP plan provides 100% coverage for one pair of glasses (subject to established plan maximums) each calendar year. Additional pairs of glasses may be obtained within the calendar year from your VSP member doctor at a discounted rate.
- **Contact Lenses**—The VSP plan provides a benefit of up to \$105 for elective contact lenses each calendar year. Participants who use their annual VSP benefit to purchase contact

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lenses may purchase additional contact lenses (including replacement and disposable lenses) from a VSP member doctor and receive a discounted rate. Participating employees may also take advantage of the VSP discounts to purchase contact lenses in a year when they have used their regular VSP benefit to purchase glasses.

The VSP discounts for additional pairs of glasses and elective contact lenses are available on an unlimited basis for 12 months following the date of the participant's covered eye exam by a member doctor.

Vision Expenses Not Covered

The vision services and supplies **not covered** under the plan include, but are not limited to, the following:

- Orthoptics or vision training and any associated supplemental testing
- Plano lenses (nonprescription)
- Two pair of glasses in lieu of bifocals
- Replacement of lost/broken lenses and frames furnished under this program except at the normal intervals when services are otherwise available
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eye wear, required by an employer as a condition of employment
- Experimental treatments
- "Extra cost" items as described above under "Optional Extras."

Filing Claims

Filing claims for vision services is easy if you use a VSP member doctor.

Step One: Select the doctor of your choice and make an appointment. Remember to identify yourself as a participant in BBWT's VSP plan.

Step Two: When your eye examination has been completed, the doctor will have you sign the front of a VSP benefit form that he/she will obtain on your behalf. In addition to the \$35 deductible, the doctor will itemize any cosmetic options that are your responsibility. A copy of the benefit form will be provided for your records.

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Step Three: VSP pays the Member Doctor directly according to their agreement with the doctor. Selecting a doctor from the VSP list assures direct payment to the doctor and provides a guarantee of quality and cost control.

What if you don't use a VSP Member Doctor? Over 90% of VSP patients receive services from member doctors. However, you may obtain covered services or materials from any other licensed optometrist, ophthalmologist, or optician of your choice. In these situations you may obtain a VSP benefit claim form by calling VSP at 800-622-7444. After paying the non-member provider in full for the services you obtain, you may submit your form and an itemized receipt to VSP at the following address:

VSP
3333 Quality Drive
Rancho Cordova, CA 95670

VSP will reimburse you up to the amounts allowed under the plan's nonmember provider schedule. **Please note that the nonmember reimbursement schedule does not guarantee full payment. Additionally, VSP cannot guarantee patient satisfaction when services are received from a nonmember provider.**

All claims must be filed within 6 months of the date when services are completed. Reimbursement benefits for services obtained from nonmember providers are made directly to you and are not assignable to the provider.

When Coverage Ends

Vision coverage for you and your eligible dependents ends according to the same provisions described under the dental plan.

Your Benefits at Retirement

Once you retire, neither you nor your dependent(s) may continue in the vision plan, except as provided under COBRA.

Continued Coverage (COBRA)

If you or your dependent(s) become ineligible for coverage under the vision plan, continued coverage, as provided through the Consolidated Omnibus Budget Reconciliation Act (COBRA), may be available according to the same provisions described under the dental plan.

Definitions

Company means Bechtel BWXT Idaho, LLC.

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Disabled (totally) means you are not able to perform any of the usual and customary duties of any occupation. For dependents, this means your dependent cannot perform any of the usual and customary duties or activities of a person in good health and of the same age.

Employee means a regular full-time employee of the company, excluding in all cases, part-time and temporary employees.